

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4	1					
5	1					
6	1					
7	1					
8	1					
9	1	1				
10	1		1			
11	1		1			
12	1		1			
13	1					
14	1					
15	1					
16						
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18						
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21						
22						
23						
24						
25						
26						
27				1		
28						1
29						1
30						1
31						1
32						1
33						1
34				1		
35						1
36						1
37						1
38						1
39						1
40					1	
41						1
42						1
43						1
44						1
45						1
46					1	
47						1
48						1
49						1
50						1
TOTAL IND.	13	1	1		67	
TOTAL DEP.	13		3		25	
TOTAL CLAIMS	26		4		24	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS